

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
16963 CERTIFICATE OF DEATH 20344									
1. PLACE OF DEATH a. COUNTY <b>Somerset</b> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> c. LENGTH OF STAY IN 1b <b>Life 10/10/65</b> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <b>McCready Memorial Hospital</b>					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b> d. STREET ADDRESS <b>1 313 Broadway</b> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>William</b> Last <b>Baker</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>7</b> Year <b>19 65</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 26, 1891</b>		9. AGE (In years last birthday) <b>74</b> yrs. IF UNDER 1 YEAR: Months <b></b> Days <b></b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Machine Shop</b>			11. BIRTHPLACE (County & State, or foreign country) <b>Crisfield, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Albert Baker</b>					14. MOTHER'S MAIDEN NAME <b>Catherine Christy</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>223-26-0795</b>		17. INFORMANT Address <b>Mrs. Beulah Sterling, Same as 2. abcd</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>4201 Coronary occlusion</b> DUE TO (b) <b></b> DUE TO (c) <b></b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b></b>									INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. <b>19</b> p.m. <b></b>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from <b>Dec. 1</b> , 19 <b>65</b> , to <b>Dec. 7</b> , 19 <b>65</b> , that (I) (we) last saw the deceased alive on <b>Dec. 8</b> , 19 <b>65</b> , and that death occurred at <b>7:30</b> from the causes and on the date stated above.									
22a. SIGNATURE <b>C. G. Rawley</b>								22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) <b>C. G. Rawley, M.D.</b>					22d. ADDRESS <b>Crisfield, Maryland</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE THEREOF <b>12/10/65</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crisfield Cemetery</b>		23d. LOCATION (City, town or county) (State) <b>Crisfield, Maryland</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Bradshaw &amp; Sons, Crisfield, Maryland</b>						25a. REC'D BY REGISTRAR <b>DEC 10 1965</b>		25b. REGISTRAR'S SIGNATURE <b>J. Charles Judge</b>	

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1891

Richfield, Virginia

Richfield, Virginia

Richfield, Virginia

Richfield, Virginia

Richfield, Virginia

Richfield, Virginia

1891

12/10/95

Richfield Cemetery

Richfield, Virginia

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VR A15 (4)  
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  
16964  
24245  
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Somerset</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>Somerset</b>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>		c. LENGTH OF STAY IN 1b <b>Adult life</b>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <b>DQA McCready Hospital</b>		d. STREET ADDRESS <b>Byrdtown Rd.</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CLARA</b>		Middle <b>G.</b>		Last <b>BYRD</b>	
4. DATE OF DEATH Month <b>December</b>		Day <b>1</b>		Year <b>19 65</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>March 12, 1893</b>		9. AGE (In years last birthday) <b>72</b>		10. IF UNDER 1 YEAR Months <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garment</b>		11. BIRTHPLACE (County & State, or foreign country) <b>Accomac, Virginia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Edward T. Mears</b>		14. MOTHER'S MAIDEN NAME <b>Sally Sparrow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-10-8028</b>		17. INFORMANT <b>Mrs. Elizabeth Tull, Same as 2. abcd</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arteriosclerosis</b> <b>4201</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Rheumatoid Arthritis -</b> DUE TO (c) <b>treated 5 Stenosis -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr -</b> <b>10 yr -</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from <b>Dec. 1, 1965</b> to <b>Dec. 1, 1965</b> , that (I) (we) last saw the deceased alive on <b>Nov. 28, 1964</b> , and that death occurred at <b>M</b> , from the causes and on the date stated above.					
22a. SIGNATURE <b>Sarah M. Peyton</b>		22b. DATE SIGNED <b>DEC 10 1965</b>		22c. PHYSICIAN'S NAME (Type) <b>Sarah M. Peyton, M. D.</b>	
22d. ADDRESS <b>33 W. Main St., Crisfield, Md.</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>Dec. 4, 1965</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Private Family Cemetery</b>	
23d. LOCATION (City, town or county) (State) <b>Crisfield, Md.</b>					
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md.</b>		25a. REC'D BY REGISTRAR <b>DEC 10 1965</b>		25b. REGISTRAR'S SIGNATURE <b>J. Charles Judge</b>	



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MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  
16965  
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <i>SOMERSET</i> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>CRISFIELD</i> c. LENGTH OF STAY IN 1b <i>Adult life</i> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <i>EDW. W. MCCREADY MEMO. HOSPITAL</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>SOMERSET</i> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>39 CRISFIELD</i> d. STREET ADDRESS <i>SOMERSET AVENUE</i> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Ida</i> Middle <i>Mae</i> Last <i>BYRD</i>		4. DATE OF DEATH Month <i>DECEMBER</i> Day <i>17</i> Year <i>19 65</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 20, 1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (County & State, or foreign country) <i>VIRGINIA</i>
13. FATHER'S NAME <i>WORTH ARMSTEAD</i>		14. MOTHER'S MAIDEN NAME <i>ELLA HUDGINS (Mary Etta)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>218-16-7358</i>	
17. INFORMANT <i>MELVIN BYRD, CRISFIELD, MARYLAND</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Embolism - thrombosis</i> 260X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Chronic C.V.A.</i> DUE TO (c) <i>Diabetes Mellitus</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>12-17-65</i> , 19 <i>65</i> to <i>12/17/65</i> , 19 <i>65</i> , that (I) (we) last saw the deceased alive on <i>12-17-</i> 19 <i>65</i> , and that death occurred at <i>9:45 PM</i> from the causes and on the date stated above.			
22a. SIGNATURE <i>Sarah M. Peyton</i>		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) <i>SARAH M. PEYTON, M.D.</i>		22d. ADDRESS <i>CRISFIELD, MARYLAND</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>Dec. 20, 1965</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Sunnyridge Cemetery</i>		23d. LOCATION (City, town or county) (State) <i>Crisfield, Md.</i>	
24. FUNERAL DIRECTOR <i>Bradshaw &amp; Sons, Crisfield, Md.</i>		25a. REC'D BY REGISTRAR <i>DEC 23 1965</i>	
25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

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MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  
16966 CERTIFICATE OF DEATH 20347

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> c. LENGTH OF STAY IN 1b <b>18 yrs/122/65</b> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <b>McCready Memorial Hospital</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b> d. STREET ADDRESS <b>13 Pear Street</b> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>M.</b> Last <b>Evans</b>		4. DATE OF DEATH Month <b>12</b> Day <b>22</b> Year <b>1965</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 17, 1904</b>
9. AGE (In years last birthday) <b>61</b> yrs.		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>19</b> Hours <b>19</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	
11. BIRTHPLACE (County & State, or foreign country) <b>Luzerne, Penna.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Matthew Zelenowski</b>		14. MOTHER'S MAIDEN NAME <b>Martha Vallus</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>188-01-1871</b>	
17. INFORMANT <b>Milton Evans, Sr., Same as 2. abcd</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Carcinoma of cervix metastasized</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <b>Dec 19, 1965</b> to <b>Dec 21, 1965</b> , that (I) (we) last saw the deceased alive on <b>12/22/65</b> 1965, and that death occurred at <b>1:45</b> M, from the causes and on the date stated above.			
22a. SIGNATURE <b>Alan G. Edwards</b>		22b. DATE SIGNED <b>Dec. 22, 1965</b>	
22c. PHYSICIAN'S NAME (Type) <b>A. G. Edwards, M.D.</b>		22d. ADDRESS <b>Crisfield, Maryland</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>Dec. 24, '65</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crisfield Cemetery</b>		23d. LOCATION (City, town or county) (State) <b>Crisfield, Maryland</b>	
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Maryland</b>		25a. REC'D BY REGISTRAR <b>DEC 28 1965</b>	
		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>	

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MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  
16967  
CERTIFICATE OF DEATH  
20348

1. PLACE OF DEATH a. COUNTY <b>Somerset</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>Somerset</b>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>		c. LENGTH OF STAY IN 1b <b>12 1/2 hrs Life</b>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <b>McCready Memorial Hospital</b>		d. STREET ADDRESS <b>1 Franklin Lane</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>William B. Franklin</b>		4. DATE OF DEATH <b>Dec. 20, 1965</b>		Month Day Year	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>March 12, 1893</b>		9. AGE (In years last birthday) <b>72 yrs.</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Beer</b>		11. BIRTHPLACE (County & State, or foreign country) <b>Somerset County, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Walter J. Franklin</b>		14. MOTHER'S MAIDEN NAME <b>Willie Sterling</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-12-5710</b>		17. INFORMANT <b>Mrs. Merribe Franklin, Same as 2. abcd</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> 4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>appendicitis (appendectomy 2 days prior death)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <b>Dec 18, 1965</b> to <b>Dec 20, 1965</b> , that (I) (we) last saw the deceased alive on <b>Dec. 20</b> 19 <b>65</b> , and that death occurred at <b>1:30 PM</b> from the causes and on the date stated above.					
22a. SIGNATURE <b>C. G. Rawley</b>		22b. DATE SIGNED <b>Dec 20, 1965</b>		22c. PHYSICIAN'S NAME (Type) <b>C. G. Rawley, M.D.</b>	
22d. ADDRESS <b>Crisfield, Maryland</b>		22e. REC'D BY REGISTRAR <b>DEC 27 1965</b>		22f. REGISTRAR'S SIGNATURE <b>Charles Judge</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE THEREOF <b>Dec. 22, 1965</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>	
23d. LOCATION (City, town or county) <b>Crisfield, Md.</b>		23e. NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		23f. LOCATION (City, town or county) <b>Crisfield, Md.</b>	
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md.</b>		24b. ADDRESS <b>Bradshaw &amp; Sons, Crisfield, Md.</b>		24c. REC'D BY REGISTRAR <b>DEC 27 1965</b>	
24d. REGISTRAR'S SIGNATURE <b>Charles Judge</b>		24e. REC'D BY REGISTRAR <b>DEC 27 1965</b>		24f. REGISTRAR'S SIGNATURE <b>Charles Judge</b>	

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FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME  
5M 1/63

Item 18 Film G372  
16968  
MARYLAND STATE DEPARTMENT OF HEALTH  
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH  
20349

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Polk Road</u> c. LENGTH OF STAY in 1b <u>Life Time</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>Princess Anne</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> d. STREET ADDRESS <u>1</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Andrew</u> <u>Gale</u> 5. SEX <u>male</u> 6. COLOR OR RACE <u>col.</u> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		4. DATE OF DEATH Month Day Year <u>Dec.</u> <u>20</u> <u>19 65</u> 9. AGE (In years last birthday) <u>84</u> yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Andrew Gale Sr</u> 14. MOTHER'S MAIDEN NAME <u>Annie Gale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes give year or dates of service)</u> 16. SOCIAL SECURITY NO. <u>(If yes give year or dates of service)</u> 17. INFORMANT <u>Alberta Hitch, Princess Anne, Md. RFD</u> Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dilation of rt. atrium and ventricle, acute</u> <u>434.4</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Congestion and edema of lungs, bilaterally acute</u> (c) <u>Congestion and edema of brain, marked with coning of cerebellar tonsils</u> Acute PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis, coronary, aorta, generalized</u> 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <u>None</u> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u> 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. <u>19</u> 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Princess Anne, Md.</u> 20f. (City or town) <u>Princess Anne</u> (County) <u>Somerset</u> (State) <u>Md.</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE <u>Everett Sutter MD</u> EXAMINER'S NAME (Type) <u>Everett Sutter MD</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>Somerset 12-27-65</u> Address (Street, city, town, or county)		22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 22b. DATE THEREOF <u>12-27-65</u> 22c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u> 22d. LOCATION (City, town, or county) <u>Polk Road, Md.</u> (State) <u>Md.</u>	
23. FUNERAL DIRECTOR <u>William H. James Jr, Princess Anne, Md.</u> ADDRESS		24a. REC'D BY REGISTRAR <u>JAN 3 1966</u> 24b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)  
20M 1/65

<div style="text-align: center;"> <b>MARYLAND STATE DEPARTMENT OF HEALTH</b>  <b>DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND</b>  <b>CERTIFICATE OF DEATH</b> </div>									
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Somerset</b> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> c. LENGTH OF STAY IN 1b <b>Adult life</b> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>State Street</b>					<b>2. USUAL RESIDENCE</b> (Where deceased lived, If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b> d. STREET ADDRESS <b>1 State Street</b> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <b>HENRY</b> Middle <b>LEE</b> Last <b>HOWARD</b>					<b>4. DATE OF DEATH</b> Month <b>December</b> Day <b>15</b> Year <b>19 65</b>				
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>Sept. 28, 1900</b>		<b>9. AGE</b> (In years last birthday) <b>65</b> yrs. IF UNDER 1 YEAR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Inspector</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Cutlery Mfg.</b>		<b>11. BIRTHPLACE</b> (County & State, or foreign country) <b>Marion, Maryland</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13. FATHER'S NAME</b> <b>Henry J. Howard</b>					<b>14. MOTHER'S MAIDEN NAME</b> <b>Mary E. Ross</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes give war or dates of service) <b>None</b>				<b>16. SOCIAL SECURITY NO.</b> <b>215-05-7002</b>		<b>17. INFORMANT</b> Address <b>Mrs. Agnes R. Howard, Same as 2. abcd</b>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarct</b> 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)									<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>20 minutes</b>
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</b>									<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>20a. ACCIDENT WAS UNDERLYING</b> <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of Injury in Part I or Part II of Item 18.)					
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour a.m. p.m. <b>19</b>				<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.)		<b>20f. (City or town) (County) (State)</b>	
<b>21. I certify that (I) (this hospital) attended the deceased from 5/27, 1965, to 11/18, 1965, that (I) (we) last saw the deceased alive on 11/18, 1965, and that death occurred at 3:00 p.m., from the causes and on the date stated above.</b>									
<b>22a. SIGNATURE</b> <b>Robert E. Roberts</b>						<b>ATTENDING PHYS.</b> <input checked="" type="checkbox"/> <b>MED. DIRECTOR</b> <input type="checkbox"/> <b>STAFF PHYS.</b> <input type="checkbox"/>		<b>22b. DATE SIGNED</b> <b>12/20/65</b>	
<b>22c. PHYSICIAN'S NAME (Type)</b> <b>Robert E. Roberts, M. D.</b>						<b>22d. ADDRESS</b> <b>W. Main St., Crisfield, Md.</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>			<b>23b. DATE THEREOF</b> <b>Dec. 18, 1965</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunnyridge Cemetery</b>		<b>23d. LOCATION (City, town or county) (State)</b> <b>Crisfield, Md.</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Bradshaw &amp; Sons, Crisfield, Md.</b>						<b>25a. REC'D BY REGISTRAR</b> <b>DEC 27 1965</b>		<b>25b. REGISTRAR'S SIGNATURE</b> <i>Charles Judge</i>	

MEDICAL CERTIFICATION

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)  
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH														
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND														
16970					20351									
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE b. COUNTY									
Somerset MARYLAND					Maryland Somerset									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 1 Day										
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital					e. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 39 Crisfield									
					d. STREET ADDRESS Asbury Avenue									
3. NAME OF DECEASED (Type or print) First Middle Last Ruth Parks					4. DATE OF DEATH Month Day Year Dec. 10, 1965									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 27, 1893		9. AGE (In years last birthday) 72 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME William Sterling					14. MOTHER'S MAIDEN NAME Ella Sterling									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT Ray Parks, Crisfield, Md.									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Acute Myocardial Infarction DUE TO (b) Coronary Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mild Hypertension										INTERVAL BETWEEN ONSET AND DEATH 20 HRS 2 YRS				
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)						
21. I certify that (I) (this hospital) attended the deceased from Dec. 12/10, 1965, to 12/10, 1965, that (I) (we) last saw the deceased alive on 12/10/65 19, and that death occurred at 3 PM, from the causes and on the date stated above.														
22a. SIGNATURE A. N. Barr, M.D.					22b. DATE SIGNED 12/17/65			22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.						
22d. ADDRESS Crisfield, Maryland														
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF 12/13/65		23c. NAME OF CEMETERY OR CREMATORY Asbury			23d. LOCATION (City, town or county) (State) Crisfield, Md.						
24. FUNERAL DIRECTOR Hinman Funeral Home, Crisfield, Md.					25a. REC'D BY REGISTRAR DEC 28 1965					25b. REGISTRAR'S SIGNATURE Charles Judge				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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20352

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16971

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Somerset</b> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> c. LENGTH OF STAY IN 1b <b>Life 12/28/65</b> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <b>McCready Memorial Hospital</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Somerset</b> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b> d. STREET ADDRESS <b>10 Cove St.</b> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																											
3. NAME OF DECEASED (Type or print) <b>John Thomas Ward</b>		4. DATE OF DEATH <b>12-29-65</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 23, 1893</b>		9. AGE (In years last birthday) <b>72</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.															
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxicab Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Taxicab</b>				11. BIRTHPLACE (County & State, or foreign country) <b>Crisfield, Maryland</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>																			
13. FATHER'S NAME <b>John Edward Ward</b>				14. MOTHER'S MAIDEN NAME <b>Sarah E. Henderson</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT Address <b>Mrs. Hattie Sterling, Same as 2. abcd</b>															
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma, rectum</b> 154X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												INTERVAL BETWEEN ONSET AND DEATH <b>9mo.</b>																			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)				20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <b>19</b>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from <b>March, 1963</b> to <b>12-28, 1965</b> , that (I) (we) last saw the deceased alive on <b>12/28/65</b> 19, and that death occurred at <b>10:13 A.M.</b> from the causes and on the date stated above.																															
22a. SIGNATURE <b>C. G. Rawley</b>												M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>				22b. DATE SIGNED															
22c. PHYSICIAN'S NAME (Type) <b>C. G. Rawley, M.D.</b>												22d. ADDRESS <b>Crisfield, Maryland</b>																			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE THEREOF <b>Dec. 31, 1965</b>				23c. NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>				23d. LOCATION (City, town or county) (State) <b>Crisfield, Md.</b>																			
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md.</b>												25a. REC'D BY REGISTRAR <b>JAN 3 1966</b>				25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>															

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